

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91298 040 ***150.00

DOCUMENT # P98000052671

1. Entity Name
CARTOON BUSINESS CARDS, INC.



Principal Place of Business

~~1952 FIELD RD~~
~~ATTN BILL FOLZ~~
~~SARASOTA, FL 34231~~

Mailing Address

~~4910 AVON LANE~~
~~SARASOTA, FL 34238~~

11023959

2. Principal Place of Business

3920 BEE Ridge Rd.
Suite, Apt. #, etc.
Building A, Suite B

3. Mailing Address

3920 BEE Ridge Rd.
Suite, Apt. #, etc.
Building A, Suite B

City & State

SARASOTA FL

City & State

SARASOTA, FL 34233

Zip

34233

Country

USA

Zip

34233

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3516575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLOSSER, GABRIEL
4910 AVON LANE
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	☐ Delete
NAME	FOLZ, SALLY A	
STREET ADDRESS	3575 WEBBER STREET	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	PD	☐ Delete
NAME	FOLZ, WILLIAM D	
STREET ADDRESS	3575 WEBBER STREET	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	☒ Change ☐ Addition
NAME	SALLY DANIELS	
STREET ADDRESS	3920 BEE Ridge Rd. Bld A-Suite B	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	PD	☒ Change ☐ Addition
NAME	WILLIAM D. FOLZ	
STREET ADDRESS	3920 BEE Ridge Rd. Bld A-Suite B	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William D Folz* **William D. Folz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

941-925-2716
Daytime Phone #

CR2E034 (10/02)